

The Politics of Poverty Alleviation in Ghana

by

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■ Coping with Crisis: The Problem

After nearly two decades of liberalization and structural adjustment in Africa, policy makers are now focusing increasingly on poverty alleviation. Social policies are being re-evaluated. While cost recovery remains a dominant concern, governments are striving to improve the quality of and access to social services, especially for the poor.

In Ghana, the distinctive orientation of government social policy has been to strengthen existing systems of social support at the local level. User fees in hospitals and schools have been introduced and the government has attempted to work with traditional authorities and other local associations to fortify the "informal" social welfare systems of the extended family and community. But how are state social policies actually implemented at the local level? Is the state able to strengthen "informal" social safety nets? Who is covered by the "formal" and "informal" social safety net? Given this changed role of the state in social service provision, what are the implications for politics and for future social policy?

To address such questions and assess the impact of these policies, a five-month research was conducted in two, small rural communities in Tano District in the Brong Ahafo Region of Ghana. The sites were selected based on specific criteria to ensure a suitable degree of comparability and representativeness. A combination of survey, in-depth interviews, focus groups, participant observation, and policy and archival research were used. The primary objective was to demonstrate the importance of social safety nets for national political stability. The following is a summary of the research findings.

■ Social Policy and Practice: Gaps in the "Formal" Safety Net

There are strong indications that state social policy is

not consistently implemented at the district or sub-district level. Thus, recent policy reforms intended to increase access to social services by poor and vulnerable groups in the areas of education, health, and care for the aged are not as effective as they could be.

Education

Despite the claims of the 1996 F-CUBE reform, basic education (primary and JSS) is not free. The district education offices are allowed to determine and levy a fee, ostensibly for sports and culture. While this is not officially deemed a "school fee" by the government, it is popularly perceived as such since it must be paid before any child can attend school. In the two villages studied, parents of a child attending a government primary school are required to pay 2,000 cedis per child per year. The other attendant costs of schooling are actually more prohibitive and include the cost of furniture, uniforms, exercise books and supplies, and, usually, PTA dues (which are mandatory and levied separately per child).

For many families in rural communities, the above costs are perhaps a strain but still feasible. The research indicates, however, that the root problem is the poor quality of the rural schools. Some children in JSS3 are not able to write their own name or do not even know their "ABCs." Those who terminate after JSS are therefore usually not fully literate and do not possess the skills to enable them to find profitable off-farm employment. Even illiterate parents recognize this deterioration in quality when only one or two students from the community are able to continue on to the SSS level each year.

Thus, the perceived deterioration of educational quality combined with the increased cost of schooling, causes increasing numbers of children to drop out of school over time. The biggest rate of dropout is between the

primary and JSS levels, but there is also a significant drop in enrollment around P4, when the opportunity cost of losing more productive labor on the farm becomes too great. Another indicator that it is not solely fees but poor quality causing declining enrollment is the growth of private schools charging higher fees. In one village, parents were willing to pay 24,000 cedis a year for their child to attend the village “international” school. The sacrifice was considered worthwhile since parents felt that the education received was superior to that in the public schools.

Health

A different dilemma ensues at the local level. Most respondents held that the quality of health services had markedly improved over the past ten years; the problem for them was instead the difficulty of access. Most respondents replied that they usually were forced to delay seeking “orthodox” health care, resorting to the use of local herbs or self-medicating until the situation became critical. One barrier to entry is a new 50,000 cedis deposit required for in-patient treatment at the nearest government hospital, located in the district capital about 7 kilometers away. According to hospital authorities, this deposit can be waived if the person is unable to pay, the possibility of this exemption, however, is virtually unknown at the local level. The Ministry of Health in Accra actually discourages the practice of requiring a deposit, but it is still being implemented in the district.

Other policies that exempt certain categories of “poor and vulnerable” people are also not being implemented consistently. For example, one government policy mandates that “paupers” are to receive free care. There is real difficulty however in practically determining who is a pauper when 30% of the district is classified according to the latest district development plan as “poor” and 12% as “hard-core poor”. The investigations required for the Social Inquiry report are constrained both by the limited number of Department of Social Welfare staff and their lack of transport. Thus, only 34 patients were declared paupers in 1998 at the district hospital that treats on average over 70 outpatients alone each day. In the two field sites, no one interviewed reported having had their fees waived as a pauper or of even having heard of such a policy. On the contrary, many people reported that those who could not pay were detained at the hospital until they were able to raise a loan or “work it off” again, not a practice officially condoned by the central Ministry of Health authorities. In addition to paupers, free care is supposed to be given to pregnant women and children under five. This does not appear to be delivered effectively because both hospital authorities and patients are not fully aware of the policy and its implications.

Care for the Elderly

Gaps exist between policy and practice in this area also. Since 1998, the government has extended free health care to those over 70 years of age. While relatively more respondents had heard of this policy, there was considerable confusion whether the age of eligibility was 60 or 70 years. To date, very few have actually claimed a benefit. The district health officials confirm the low rate of participation in this facility and have encouraged the establishment of a new non-government organization in the region called Care-Elderly. Since its inception in November 1998, over 2,000 members have paid to join the organization which aims to educate the elderly on existing state policies and to advocate for increased government support. In summary, in all three areas of education, health and care for the elderly, there was a lack of consistent implementation of policy rendering gaps in the “formal” social safety net.

■ More Holes in the Social Safety Net?

The state’s “formal” policies are not always effectively implemented and efforts to reinforce the “informal” social support systems are problematic and produce mixed results. First, the state has not been very effective in the effort to strengthen the extended family system. Apart from an obscure and seemingly rarely used tax credit given to caretakers of elderly family members, most of these efforts are comprised of public education and counseling by Department of Social Welfare staff. Again, due to limited resources and lack of transport, initiatives are limited and tend to be concentrated in the district capital or urban centers.

But, even in the rural areas, the extended family system is clearly continuing to break down. Most respondents report a growing reliance on the nuclear family, and, even more striking, an increasing amount of transfers between friends. Due to economic hardship, more social support takes the form of loans rather than gifts, thus, friends are described as more likely to repay and not abuse the help available. Many respondents also asserted that there was “nothing anyone could do” if “a wicked person” with modest means refused to help a family member in need. Thus, the prospect of a state role in this regard needs to be reexamined.

Second, some state officials have suggested working through the traditional authorities to promote a stronger family system and to develop improved community-based social welfare. Chiefs do play an indirect role in maintaining the extended family system by continuing to mediate disputes, particularly over family land, the dominant tenurial arrangement in the study area. Still, the intestate succession law of 1986 seems to work in

the opposite direction, strengthening the nuclear family at the expense of the matrilineal inheritance system. Another recent state initiative that can hinder cooperation with traditional authorities is the creation of the unit committees. Less than a year old, there remains a fair amount of confusion and tension regarding the overlapping and conflicting authorities of the District Assembly person, Unit Committee of the academic literature that portrays extended families as linking individuals from across various classes, frequently whole extended families are poor. Furthermore, many individuals report attempting to avert risk or cope with crisis through economic diversification. These types of strategies often require some access to credit that often depends on socioeconomic status or political connections.

Age also influences people's access to social support. Many of the elderly in these communities had planned their cocoa farms to be their "pension". Sadly, their farms started to decline in the late 1970s and then were largely destroyed by bush-fire in the early 1980s. Now, the new cash crop of the area is tomatoes. This marginalizes the elderly in two ways. First, since tomato farming is highly labor-intensive, the older people are not able to participate themselves. Second, when their children and grandchildren become tomato farmers, they leave the house very early in the morning to water the plants. Thus, any food eaten in the morning or mid-day must be purchased from the proliferating group of prepared food-sellers in the village.

Gender is less clear as a variable affecting individual access to social support. On one hand, women are often more active in church and in "susu" organisations. They are also often more diversified in their position to reciprocate in the future. Contrary to most economic activities, for example, simultaneously farming and trading and selling prepared food. On the other hand, women often have less access to cash crop revenue and fewer political networks.

Ethnicity was a contingent variable. For Akan individuals, the extent of their social welfare coverage tended to depend on how well organized their family or clan was in combination with their particular network of friends. For non-Akan individuals, social support was family-based in combination with a broader, ethnically-based system of support. Interestingly, more non-Akans tended to practice "nnoboa" than Akans. For all groups, more social assistance was available for a funeral than for a "less final" and possibly recurrent

crisis in the areas of education, health, or care for the elderly. Even so, the level of assistance for funerals also tended to vary in similar patterns according to the above variables.

■ Political Implications of the Changing Role of the State in Social Service Provision

The survey research showed overwhelmingly that people were experiencing economic hardship and a diminished ability to access quality social services. Most respondents also indicated a strong belief that free education and access to affordable health care was a Ghanaian citizen's right that the government had failed to deliver. What, therefore, are the political implications of this local-level discontent?

It appears, at first, that the direct political ramifications of this discontent are few, as the discontent is not very visible. This local-level discontent has not been consistently channeled back into the political system for several reasons. First, the decentralized institutions of the unit committee and the district assembly are often not viewed as transparent and open due to the "undercover" partisan politics allegedly influencing the conduct of election campaigns and the allocation of funds, contracts, and development projects in the district. The mechanisms for feedback are further undermined by the existence of government appointees within the assembly and unit committees.

At the next level, government is already remote to the majority of respondents and rarely mentioned. It is reported that the Member of Parliament (MP) for the area has only been to visit the constituency once, or at most twice, since elected in 1996. Even if this were not accurate, the perception is that the MP is "out of touch" with their problems and has not been working for their constituency. MPs in general are often viewed to be more concerned with the pursuit of their own personal gain in Accra.

Nevertheless, both rural communities are described as having been, at least in past elections, "pure NDC towns". Both communities supported NDC candidates for president and parliament in the 1992 and 1996 elections. Some claim that this was only due to election-time rigging, but a more plausible explanation is that the NDC has managed to exploit its pre-election advantages particularly well in such rural areas. The NDC is allegedly able to use government vehicles and considerable

numbers of government appointees to get their message out. This message reportedly often includes the not-too-subtle threat of having future development projects rerouted or current services discontinued if the community fails to support the NDC candidate. Lastly, many people report that the NDC was active in trying to buy votes, often for 10,000 cedis, a cutlass, or even a bag of salt.

Interestingly, despite the lack of political outlets in the past, there now appears to be some contradictory political shifts underway. On one hand, an active minority appears to be organizing along political party lines. The NPP seems to be actively creating village-level party cells, complete with new offices and more regular meetings. The NDC also continues to organize at the local level, although their efforts seem to have been less visible recently. On the other hand, the majority of people seem to be conceptualizing their political community in increasingly localized terms. Most respondents articulated their duties as citizens in terms of communal labor and their personal farm productivity. The obligation to pay taxes was occasionally mentioned but this was often a local tax levied by the unit committee. More often, the collection of district-level taxes was resisted on the justification that the people were providing their services themselves through self-help.

Policy Implications

The research findings have the following important consequences for future policy.

- The gaps between social policy and practice demonstrate the need for greater education on actual policies at the district and sub-district level for both staff and potential claimants. This requires a commitment by the government to have the political will and institutional capacity to actually implement the policies formulated.
- There are shortcomings of current poverty alleviation programs. Poverty alleviation is not just about targeting vulnerable groups or providing micro-credit to individual beneficiaries. These types of programs are often short-term and can be easily manipulated for political gain. Rather, government policymakers need to consider how to make appropriate, long-term and equitable investments in the education and health sectors to address the needs of the poor.
- Policymakers should be wary of an over-fascination with "local" and "community-based" solutions. Local systems of social welfare are not necessarily equitable or accountable. They can exclude many of the needy that policymakers are trying to target. Furthermore, local organizations may need substantial financial and capacity-building support before they can

play a more systematic role in the delivery of social goods.

- Policymakers need to consider how to develop effective linkages between these decentralized political communities and the national political community. An appropriate beginning would be to reform the district assembly, making it openly partisan and removing all government appointees. The office of the District Chief Executive would be elected and accountable to the people of the district. These administrative reforms would help eliminate some of the distortions that hinder the further development of what is already an innovative decentralization program in Ghana. The proposed changes would also improve the coordination and implementation of policies that have been shown to be inconsistent. Most importantly, improved linkages would contribute to the gradual development of a less localized political community and, perhaps, a broader conceptualization of citizenship that would enhance social cohesion and future political stability in Ghana. □

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